

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 2358

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To

(Payee)

PAID BY

Encl 2  
DPO-0632-59  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$4,218.	31
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____						Total	\$4,218.31

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date 1-13-59

Per

Title

(Payee must NOT use this space)

Differences

Amount verified; correct for  
(Signature or initials)

Contract No.

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By

SIGN  
ORIGINAL  
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or rec'd in the name of a company or corporation, the name of the person writing the company name, and the name of the person signing, must be given, as in the following: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Per

Title

STATOTHR

THE RAMO-WOOLDRIDGE CORPORATION

# ACCOUNTS PAYABLE

WEEKLY DISTR

DATE

12/26/58

FORM STL - 660

BATCH		INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Net	Cost	FR	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	DATE	Number	AMOUNT		Element	CODE	Mag.	Int.	Sub.	Account	M.I.O.	S.O.	Work Order	
54	12	23	8	25		10170	22 48	2248			6	55	25	00	00	12501	3032	24		3842
																				3842
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